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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/922,390	08/02/2001	Jeffrey Yu	021106-000210US	7476

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EXAMINER

PASS, NATALIE

ART UNIT	PAPER NUMBER
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3626

MAIL DATE	DELIVERY MODE
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01/24/2008

PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary

Application No.

09/922,390

Applicant(s)

YU, JEFFREY

Examiner

Natalie A. Pass

Art Unit

3626

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 30 October 2007.
- 2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 24-28 and 31-50 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 24-28, 31-50 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
- ☐ Certified copies of the priority documents have been received.
 - ☐ Certified copies of the priority documents have been received in Application No. _____.
 - ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- 1) ☒ Notice of References Cited (PTO-892)
- 2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
- 3) ☐ Information Disclosure Statement(s) (PTO/SB/08)
Paper No(s)/Mail Date _____

- 4) ☐ Interview Summary (PTO-413)
Paper No(s)/Mail Date. _____
- 5) ☐ Notice of Informal Patent Application
- 6) ☐ Other: _____

DETAILED ACTION

Notice to Applicant

1. A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on 30 October 2007 has been entered.
2. This communication is in response to the Request for Continued Examination and amendment filed on 30 October 2007. Claims 1-23, 29-30 have been previously cancelled. Claims 24, 37, and 44 have been amended. Claims 24-28, 31-50 remain pending.

Claim Rejections - 35 USC § 103

3. Claims 24-26, 31-35, 37-42, 44-50 are rejected under 35 U.S.C. 103(a) as being unpatentable over Lewis et al., U.S. Patent Application Publication Number 2001/0041992 in view of Jones et al., U.S. Patent Number 6, 516, 324, and further in view of Sanger, J., Graphic User Interface-Based Nuclear Medicine Reporting System, 1993, URL:
<<http://jnm.snmjournals.org/cgi/reprint/34/3/515.pdf>> , hereinafter known as Sanger. Further reasons appear hereinbelow.

(A) Claim 24 has been amended to include the recitation of

- ♦ "[...] each report type corresponding to a body section CT [...]," at lines 2-3, 4, respectively;

- ♦ "[...] imaged by a CT scan of the body section corresponding to the selected report type[...]," at lines 5-6, respectively; and
- ♦ "[...] imaged by a CT scan of the body section [...]," at lines 8-9, respectively.

As per newly amended claim 24, Lewis teaches a method of generating a patient report, as analyzed and discussed in the previous Office Action (paper number 20070822), comprising presenting a list of report types (Lewis; Figure 4A, Figure 4B, Figure 5A, Figure 5B, paragraphs [0009]-[0010], [0049]- [0050], [0053], [0061], [0086]); and

the selected report type being associated with a plurality of organs (Lewis; Figure 4B Items 402, 404, paragraphs [0033], [0056] -[0057], [0059], [0064]) (Examiner interprets Lewis's Organ Systems (Lewis; Figure 4A, Figure 4B Items 402, 404) to be a form of "report types," and Lewis's selection of "Musculoskeletal" from the list of Organ Systems (Lewis; Figure 4B Items 402, 404) to be a form of "the selected report type being associated with a plurality of organs."

Although Lewis teaches "reports ... stored in the anatomic database" (Lewis; paragraph [0049]), and presenting a list of report types (see above), Lewis fails to explicitly disclose presenting a list of report types, each report type corresponding to a body section CT; receiving selection information indicative of a selected report type.

However, the above features are well-known in the art, as evidenced by Jones.

In particular, Jones teaches a method comprising

presenting a list of report types (Jones; Figure 3, column 6, lines 63-64, column 7, lines 22-47, column 8, lines 57-59, column 10, lines 8-16), each report type corresponding to a body section CT (Jones; column 1, lines 22-31, column 3, lines 23-40, column 10, lines 8-61, column 12, lines 36-61, column 13, lines 7-25); and

receiving selection information indicative of a selected report type (Jones; Figure 3, column 6, lines 63-64, column 7, lines 22-47, column 8, lines 31-36, 57-59, column 10, lines 8-16).

It would have been obvious to one of ordinary skill in the art at the time the invention was made to modify the method of Lewis to include these limitations, as taught by Jones, with the motivations of allowing a user to specify which report “category” (reads on “type”) to view (Jones; column 3, lines 62-67, column 10, lines 8-20), providing “data access flexibility, an intuitive user interface and exceptional report data retrieval and display performance” while allowing users to “specify all of the report content parameters and display the report on a single screen” (Jones; column 3, lines 18-20, 31-32).

Although Lewis teaches the selected report type being associated with a plurality of organs (see above), Lewis fails to explicitly disclose

the selected report type being associated with a plurality of organs imaged by a CT scan of the body section corresponding to the selected report type; and

for the selected report type:

presenting an organ list of the associated organs imaged by a CT scan of the body section corresponding to the selected report type;

for each associated organ presenting a list of applicable medical descriptions and receiving a selected applicable medical description, wherein the selected applicable medical description is associated with said each associated organ; and

outputting a patient report comprising the medical descriptions of the associated organs in the selected report type.

However, the above features are well-known in the art, as evidenced by Sanger.

In particular, Sanger teaches a method comprising

the selected report type being associated with a plurality of organs imaged by a CT scan of the body section corresponding to the selected report type (Sanger; paragraph bridging pages 521-522, page 517, paragraph bridging columns 1-2); and

for the selected report type

presenting an organ list of the associated organs imaged by a CT scan of the body section corresponding to the selected report type (Sanger; Figure 2, paragraph bridging pages 521-522, page 517, paragraph bridging columns 1-2);

for each associated organ presenting a list of applicable medical descriptions and receiving a selected applicable medical description, wherein the selected applicable medical description is associated with said each associated organ (Sanger; paragraph bridging pages 521-522); and

outputting a patient report comprising the medical descriptions of the associated organs in the selected report type (Sanger; Figure 9, page 517, paragraph bridging columns 1-2, paragraph bridging pages 519-520, , paragraph bridging pages 521-522, page 522, paragraph bridging columns 1-2).

It would have been obvious to one of ordinary skill in the art at the time the invention was made to modify the combined teachings of Lewis and Jones to include these limitations, as taught by Sanger, with the motivations of reducing “the average turnaround time required to generate reports, improv[ing] the accuracy and consistency of these reports and thus reduc[ing]

... [the] ... transcriptionist pool ... [...] ... realizing ... [...] ... annual savings ... [...] ... in salary and fringe benefits” (Sanger; page 515, paragraph bridging columns 1-2).

(B) As per claims 25-26, 31-32, Lewis, Jones and Sanger teach a method as analyzed and discussed in claim 24 above,

wherein the steps of receiving a selected applicable medical description includes receiving input from an operator (Sanger; paragraph bridging pages 521-522);

further comprising receiving a composed medical description and associating the composed medical description to one of the associated organs corresponding to the selected report (Lewis; paragraphs [0007]-[0010], [0048]-[0050], [0085]- [0086]);

wherein the list of report types is presented in a “point and click” or pop-up menu (Lewis; Figure 4H, Item 486, Figure 4I, Item 496, paragraphs [0110]-[0111]), (Jones; column 7, lines 29-35, column 8, lines 31-36, 57-59), (Sanger; Figure 2); and

wherein the list of applicable medical descriptions is presented in a pop-up menu (Lewis; Figure 4H, Item 486, Figure 4I, Item 496, paragraphs [0032]-[0033], [0048]-[0050], [0056], [0110]-[0111]), (Sanger; Figure 2, Figure 7).

The motivations for combining the respective teachings of Lewis, Jones and Sanger are as given in the rejection of claim 24 above, and incorporated herein.

(C) Amended claim 44 differs from amended method claim 24 by reciting a “computer user interface...” in the preamble. As per this limitation, Lewis’s system is inherently implemented on a computer, as it is directed to a computer-based system for accessing healthcare

information (Lewis; paragraph [0012]) and contains use of a Web browser that displays Web pages that are generated by the anatomic user interface (Lewis; paragraph [0038]). As such, Lewis implicitly includes computer elements such as a computer user interface. The remainder of claim 44 repeats the limitations of claim 24, and is therefore rejected for the same reasons given above for claim 24.

(D) As per claims 33-35, 45, 48, Lewis, Jones and Sanger teach a method and computer user interface as analyzed and discussed in claim 24 above,

wherein outputting a patient report includes printing out the patient report (Jones; column 13, lines 38-39);

wherein outputting a patient report comprises displaying the patient report on a computer screen (Lewis; paragraph [0050]), (Jones; column 13, lines 40-42);

wherein the organ list is presented in its entirety on a screen (Lewis; Figure 4H), (Jones; Abstract, column 3, lines 30-32); and

wherein the list of organs in the patient report comprises a subset of an organ list corresponding to the report type (Lewis; Figure 4A, Item 404, paragraphs [0033], [0054]-[0056] [0059], [0060], [0064]); Examiner interprets Lewis's teachings of "the patient database 97 will identify the anatomic structure the patient does or does not have" (Lewis; paragraph [0055]) and "provide the practitioner with only a subset of relevant, more easily navigable information" (Lewis; paragraph [0010]) as teaching a form of a "subset of an organ list;" and

wherein the report types may be customized by the operator (Sanger; page 521, column 1, paragraph 4).

The motivations for combining the respective teachings of Lewis, Jones and Sanger are as given in the rejection of claim 24 above, and incorporated herein.

(E) Amended claim 37 differs from amended method claim 24, in that it is a system rather than a method for generating a patient report.

System claims 37-42, 46, 49 repeat the subject matter of claims 24, 24, 32, 26, 31, 35, 45, 48, respectively, as a set of elements rather than a series of steps. As the underlying processes of claims 24, 24, 32, 26, 31, 35, 45, 48 have been shown to be fully disclosed by the teachings of Lewis, Jones and Sanger in the above rejection of claims 24, 24, 32, 26, 31, 35, 45, 48, it is readily apparent that the system disclosed by Lewis, Jones and Sanger includes the apparatus to perform these functions. As such, these limitations are rejected for the same reasons given above for method of claims 24, 24, 32, 26, 31, 35, 45, and incorporated herein.

(F) Claim 47 differs from method claim 45, in that it is a user interface rather than a method for generating a patient report.

Claims 47, 50 repeat the subject matter of claims 45, 48, respectively, as a set of elements rather than a series of steps. As the underlying processes of claims 45, 48 have been shown to be fully disclosed by the teachings of Lewis, Jones and Sanger in the above rejection of claims 45, 48, it is readily apparent that the system disclosed by Lewis, Jones and Sanger includes the apparatus to perform these functions. As such, these limitations are rejected for the same reasons given above for method of claims 45, 48, and incorporated herein.

4. Claims 27-28, 36, and 43 are rejected under 35 U.S.C. 103(a) as being unpatentable over Lewis et al., U.S. Patent Application Publication Number 2001/0041992, Jones et al., U.S. Patent Number 6, 516, 324 and Sanger, J., Graphic User Interface-Based Nuclear Medicine Reporting System, 1993, URL: <<http://jnm.snmjournals.org/cgi/reprint/34/3/515.pdf>> , hereinafter known as Sanger as applied to claims 24 and 26 above, and further in view of Vining et al., U.S. Patent Number 6, 819, 785, for substantially the same reasons given in the previous Office Action (paper number 20070822). Further reasons appear hereinbelow.

(A) As per claims 27 and 28, Lewis, Jones and Sanger teach a method as analyzed and discussed in claims 24 and 26 above.

Lewis, Jones and Sanger fail to explicitly disclose wherein receiving a composed medical description includes

editing a supplied standard medical description; and
receiving a user provided description.

However, the above features are well-known in the art, as evidenced by Vining.

In particular, Vining teaches a method wherein receiving a composed medical description includes

editing a supplied standard medical description (Vining; column 4, lines 30-31, column 6, lines 31-41, 64-67); and

receiving “annotated” (reads on “user provided”) description (Vining; column 7, lines 24-29).

It would have been obvious to one of ordinary skill in the art at the time the invention was made to modify the combined teachings of Lewis, Jones and Sanger to include these limitations, as taught by Vining, with the motivations of providing a reporting system which offers a standardized report format, enables consistency among reports, accounts for effective information flow, provides for quick turnaround of information to the end-user, and supports data mining for public health statistics and yet enables the final report presentation to be further customized to satisfy the needs of the clinician (Vining; column 1, line 62 to column 2, line 1, column 2, lines 44-46).

The motivations for combining the respective teachings of Lewis, Jones and Sanger are as given in the rejection of claim 24 above, and incorporated herein.

(B) As per claim 36, Lewis, Jones and Sanger teach a method as analyzed and discussed in claim 24 above.

Lewis, Jones and Sanger fail to explicitly disclose further comprising generating a billing report associated with the selected report.

However, the above features are well-known in the art, as evidenced by Vining.

In particular, Vining teaches a method further comprising generating a billing report associated with the selected report (Vining; Abstract, column 2, lines 11-16, column 19, lines 25-26).

It would have been obvious to one of ordinary skill in the art at the time the invention was made to modify the combined teachings of Lewis, Jones and Sanger to include these limitations, as taught by Vining, with the motivations of providing a reporting system that

provides for quick turnaround of information to the end-user and of expediting hospital billing and collections (Vining; column 1, line 62 to column 2, line 1, column 2, lines 15-16).

(C) System claim 43 repeats the subject matter of claim 36 respectively, as a set of elements rather than a series of steps. As the underlying processes of claim 36 have been shown to be fully disclosed by the teachings of Lewis, Jones, Sanger and Vining in the above rejection of claim 36, it is readily apparent that the system disclosed by Lewis, Jones, Sanger and Vining includes the apparatus to perform these functions. As such, these limitations are rejected for the same reasons given above for method claim 36, and incorporated herein.

Response to Arguments

5. Applicant's arguments filed 30 October 2007 regarding pending claims 24-28, 31-50 have been fully considered but are moot in view of the new ground(s) of rejection.

Conclusion

6. Any response to this action should be mailed to:

Commissioner of Patents and Trademarks

Washington D.C. 20231

or faxed to: **(571) 273-8300.**


For informal or draft communications, please label
"PROPOSED" or "DRAFT" on the front page of the
communication and do NOT sign the communication.

After Final communications should be labeled "Box AF."

7. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Natalie A. Pass whose telephone number is (571) 272-6774. The examiner can normally be reached on Monday through Thursday from 9:00 AM to 6:30 PM. The examiner can also be reached on alternate Fridays.
8. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas, can be reached at (571) 272-6776. Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the Receptionist whose telephone number is (571) 272-3600.
9. Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).


Natalie A. Pass

January 18, 2008


JOSEPH THOMAS
SUPERVISORY PATENT EXAMINER